

Encounter Keys

AHCCCS

September-October, 2007

Update on Legislative Changes

Outlier:

1. The cost-to-charge ratios used for both the qualification and payment of in-patient outliers phase-in to the Medicare urban and rural CCRs, will be updated annually.
2. Single day Maternity stays for births less than triplets will no longer be eligible for outlier consideration. These changes will be implemented with dates of admission on and after 10/1/2007.

ALTCS Dental: Non-emergency (basic and preventive) dental services will be covered for ALTCS (EPD and DD) adults, effective with dates of service on and after 10/1/2007, up to \$1,000 per member annually (within and across plans). This language is in "Session Law," which means that it is temporary (1 year); it is not a change to permanent statute. This language will have to be re-stated each year, or moved into permanent law, for this benefit to continue.

Adult Hospice: Hospice services for acute adult members aged 21+ will now be covered effective with dates of service on and after 10/1/2007. Like the dental benefit, this change is in Session Law thus will have to be reauthorized annually or moved into permanent law.

HPV: Funding for the provision of the HPV vaccine to women aged 21-26 was also approved effective with dates of service on and after 10/1/2007.

Please ensure that any necessary system changes that you will need to implement to accommodate the aforementioned items are in place. As previously communicated, AHCCCS staff are available to assist you as needed.

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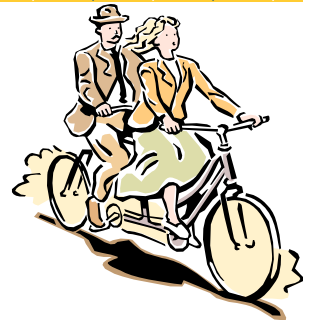


*"The Way is like an empty vessel
that yet may be drawn from it."
Ibid*

Transition Insight (TI) Update

Change in acknowledgements numbering scheme

With the implementation of the new EDI process at AHCCCS, the acknowledgements transactions (824, TA1, 997) will be produced by a new application. AHCCCS will re-set the ISA Control Numbers on these outbound files to “1” at the time of the cutover (scheduled for 9/10/07). If your EDI process includes checking for duplicate ISA Control Numbers on inbound files, future files may fail this check without an adjustment on your side.



*“You can’t help getting older
but you don’t have to get old.”
George Burns*

Test Files Failing for no GS02 Segment

The GS02 segment must contain the 6 (six) digit Health Plan Id. Followed by the 3 (three) digit TSN. If this information is not submitted correctly, the file will FAIL. This information was distributed in the communications e-mail dated August 14, 2007.

Provider Type (PT)

- Effective with dates of service on or after January 1, 2006 the following HCPCS codes have been added to provider type 23 (Home Health Agency).

G0151 (Services of physical therapist in home health setting, each 15 minutes)

G0152 (Services of occupational therapist in home health setting, each 15 minutes)

G0153 (Services of speech and language pathologist in home health setting)

G0154 (Services of skilled nurse in home health setting, each 15 minutes)

- Effective with dates of service on or after December 1, 2006 the following CPT codes have been added to provider type 31 (DO-Physician Osteopath).

01230 (Anesthesia for open procedures involving upper two-thirds of femur)

01480 (Anesthesia for open procedures on bones of lower leg, ankle, and foot)

- G0152 (Services of occupational therapist in home health setting, each 15 minutes) is available to PT 13 only. Effective dates stay the same.

**Place of Service (POS)**

- Effective with dates of service on or after April 1, 2007 the CPT code 36558 (Insertion of tunneled centrally inserted central venous) can be reported with POS 11 (Office).
- Effective with dates of service on or after January 1, 2007 the CPT code 77051 (Computer-aided detection (computer algorithm analysis)) has been added to POS 11 (office).

Category of Service (COS)

- COS for HCPCS code G0151 (Services of physical therapist in home health setting, each 15 minutes) has changed to COS 06 (Physical therapy) effective dates stay the same.
- COS for HCPCS code G0152 (Services of occupational therapist in home health setting, each 15 minutes) has changed to COS 05 (Occupational therapy), effective dates stay the same.
- COS for CPT code 01844 (Anesthesia for vascular shunt, or shunt revision) now has a COS 01 (Medicine), effective dates stay the same.



Limit Change(s)

- Effective with dates of service on or after July 2, 2007 the following procedure codes had the daily maximum changed. Information can be found on the AHCCCS PMMIS reference screens RF 113 (Procedure Code Indicators and Values) and RF 127 (Procedure OPFS Indicators and Values):
 - Q4087 (Injection, immune globulin (octagam) IV, non-lyophilize) change to 360
 - Q4088 (Injection, immune globulin (gammagard) IV, non-lyophilized) change to 360
 - Q4091 (Injection, immune globulin (flebogamma), IV, non-lyophilized) change to 360
 - Q4093 (Albuterol, all formulations include, separated isomersm) change to 20
 - Q4094 (Albuterol, all formulations include, separated. Isomers, inhalat) change to 20
 - Q4097 (Injection, Natalizumib, 1 MGM) change to 600 & limit of 1 per month
- Effective with dates of service on or after July 10, 2007 the CPT code 96118 (Neuropsychological testing) now has a daily maximum of 6 with a limit/frequency of 1 every 3 months.
- Effective for dates of service on or after September 24, 2007 the HCPCS code H0031 (Mental health assessment, by non-physician) daily maximum limit is now three (3).
- Effective for dates of service on or after September 26, 2007 the CPT code 94150 (Vital Capacity, Total (Separate Procedure)) daily maximum limit is now two (2).
- Effective for dates of service on or after September 26, 2007 the CPT code 77300 (Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation) daily maximum limit is now four (4).
- Effective for dates of service on or after October 1, 2007 the HCPCS code C9236 (Injection, Eculizumab, 10 MG) has a coverage code of 05 (Outpatient Hospital Services); procedure daily maximum is 100; Minimum age = 0; maximum age = 999; can be reported at Place of Service (POS):
 - 05 (Indian Health Service Free-Standing)
 - 06 (Indian Health Service Provider-Base)
 - 07 (Tribal 638 Free-Standing Facility)
 - 08 (Tribal 638 Provider-Based Facility)
 - 22 (Outpatient Hospital)

- Effective for dates of service on or after September 26, 2007 the procedure daily maximum has been changed to 100 for the following codes:

Q9958 (High Osmolar Contrast Material, Up To 149 Mg/ML Iodine Concentration, Per ML)

Q9959 (High Osmolar Contrast Material, 150-199 Mg/ML Iodine Concentration Per ML)

Q9960 (High Osmolar Contrast Material, 200-249 Mg/ML Iodine Concentration Per ML)

Q9961 (High Osmolar Contrast Material, 250-299 Mg/ML Iodine Concentration Per ML)

Q9962 (High Osmolar Contrast Material, 300-349 Mg/ML Iodine Concentration Per ML)

Q9963 (High Osmolar Contrast Material, 350-399 Mg/ML Iodine Concentration Per ML)

Q9964 (High Osmolar Contrast Material, 400 Or Greater Mg/ML Iodine Concentration Per ML)

Age Change

- Effective for dates of service on or after September 24, 2007 the CPT code 90649 (Human Papilloma Virus (HPV) Vaccine, Types 6, 11, 16, 18) maximum age changed to 26 and limit of 3 per lifetime.

Modifier(s)

- Effective for dates of service on or after July 1, 2005 the CPT codes below can be reported with the GO (Services delivered under OP OCC therapy) modifier.

97597 (Removal Of Devitalized Tissue From Wound(s), Selective)

97598 (Removal Of Devitalized Tissue From Wound(s), Selective)

- Effective for dates of service on or after July 1, 2005 the CPT codes below can be reported with the GO (Services delivered under OP OCC therapy) and GP (Services delivered under an outpatient physical therapy plan) modifiers.

97602 (Removal Of Devitalized Tissue From Wound(S), Non-Select)

97605 (Negative Pressure Wound Therapy (Eg, Vacuum Assisted Dr)



Coverage Code Change

Effective with dates of service on or after January 1, 2001 the following HCPCS codes had a Coverage Code change from 03 (Covered service/use other code) to 04 (Not covered service/code not available).

Procedure Code	Procedure Code Description
H0003	Alcohol and/or drug screening; laboratory analysis of specimens
H0005	Alcohol and/or drug services; group counseling by a clinician
H0006	Alcohol and/or drug services; case management
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0008	Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction)
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction)
H0013	Alcohol and/or drug services; acute detoxification (residential addition)
H0014	Alcohol and/or drug services; ambulatory detoxification
H0016	Alcohol and/or drug services; medical/somatic (medical intervention)
H0017	Behavioral health; residential (hospital residential treatment program)
H0021	Alcohol and/or drug training service (for staff and personnel and employed by)
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Behavioral health outreach service (planned approach to reach a targeted)
H0024	Behavioral health prevention information dissemination service (one-way direct)
H0026	Alcohol and/or drug prevention process service, community-based (delivery of)
H0027	Alcohol and/or drug prevention environmental service (broad range of external)
H0028	Alcohol and/or drug prevention problem identification and referral service
H0029	Alcohol and/or drug prevention alternatives service (services for populations)
H0030	Behavioral health hotline service
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, non-therapeutic, per diem
H0042	Foster care, child, non-therapeutic, per month



H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
H0047	Alcohol and/or other drug abuse services, not otherwise specified
H0048	Alcohol and/or other drug testing: collection and handling only, specimens
H0049	Alcohol and/or drug screening
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
H1000	Prenatal care, at-risk assessment
H1001	Prenatal care, at-risk enhanced service; antepartum management
H1002	Prenatal care, at risk enhanced service; care coordination
H1003	Prenatal care, at-risk enhanced service; education
H1004	Prenatal care, at-risk enhanced service; follow-up home visit
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)
H1010	Non-medical family planning education, per session
H1011	Family assessment by licensed behavioral health professional for state defined
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per ½ day
H2013	Psychiatric health facility service, per diem
H2018	Psychosocial rehabilitation services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 minutes
H2024	Supported employment, per diem
H2028	Sexual offender treatment service, per 15 minutes
H2029	Sexual offender treatment service, per diem
H2030	Mental health clubhouse services, per 15 minutes
H2031	Mental health clubhouse services, per diem
H2032	Activity therapy, per 15 minutes
H2034	Alcohol and/or drug abuse halfway house services, per diem
H2035	Alcohol and/or other drug treatment program, per hour
H2036	Alcohol and/or other drug treatment program, per diem
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes

- Effective with dates of service on or after July 10, 2007 the CPT code 90646 (Hemophilus influenza B vaccine (HIB), now has a coverage code of 01 (Covered service/code available).

Hydration, Infusion & Injection Codes

AHCCCS has reaffirmed its decision to deny separate payments for IV hydration, infusions and injections (CPT codes 90761-90779) under the AHCCCS Outpatient Fee Schedule (OPFS). The decision is based on the following:

- 1) Professional Fees: The codes in question are all listed in the CCI edits as inclusive of all E&M codes, including those that describe professional services provided in the Emergency Department. Thus, these codes cannot be combined with E&M codes for claims submitted on CMS 1500 forms.
- 2) Facility Fees: The OPFS fee schedule for services provided in Emergency Departments and Outpatient Surgery departments bundles all services provided in those locations into a single facility fee. When AHCCCS developed the OPFS we included all charges for services provided in those locations for various procedures during the base year. Thus, the facility fees established for services provided in either the ED or OP Surgery already include amounts previously charged separately for the services in question and no separate payment is necessary or warranted.

Avoiding Duplicate Claim Edit Failures

To bill for multiple distinct/independent outpatient visits on the same day, facilities must enter a "G0" Condition Code, to avoid duplicate claim edit failures. Please note that the "G0" Condition Code should only be used to indicate distinct/independent outpatient visits and that all services associated with a single outpatient visit must be combined and billed on a single claim/encounter.



*"Have you ever noticed
what golf spells back-*

Web Updates

Outpatient Fee Schedule Facility Peer Groups

Attached is the most current version of the Outpatient Fee Schedule Facility Peer Groups. This document reflects the changes anticipated to become effective for Critical Access Hospitals effective for dates of service on and after 10/1/2007, in the event that any issues occur with the proposed rule change associated with this, we will get revised information out to you immediately. Please contact Lori Petre with any questions. Information can be found on the AHCCCS website:<http://www.azahcccs.gov/RatesCodes/>

3rd Quarter 2007 PCH-HOPE Hemophilia Pricing

The current 3rd Quarter 2007 pricing schedule for Hemophilia products effective 7/1/2007 through 10/31/2007 are currently on the AHCCCS website: <http://www.azahcccs.gov/RatesCodes/>

Surgical Specialty Hospital

Surgical Specialty Hospital has been given an ICU rate with the effective retroactive date of 8/29/2006. Please see Surgical Specialty's revised Inpatient Rate Sheets for 8/29/2006 - 09/30/2006 and for 10/1/2006 - 09/30/2007. Information can be found on the AHCCCS website:<http://www.azahcccs.gov/RatesCodes/>

Revised rate sheet for Mountain Vista Medical Center

While the effective CMS date for Mountain Vista Medical Center will remain 8/3/2007, their effective date for Emergency Services is 7/23/2007.



“Even if you’re on the right track, you’ll get run over if you just sit there.”

Will Rogers

AHCCCS, DIVISION OF HEALTH CARE MANAGEMENT
DATA ANALYSIS & RESEARCH, ENCOUNTER UNIT
Encounter File Processing Schedule

FILE PROCESSING ACTIVITY	Oct 2007	Oct 2007	Nov 2007	Nov 2007	Dec 2007	Dec 2007
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS by 12:00 PM	Thurs 10/04/07	Thurs 10/18/07	Thurs 11/08/07	Thurs 11/22/07	Thurs 12/06/07	Thurs 12/20/07
Work Days for AHCCCS	8	6	6	6	6	6
Encounter Pended and Adjudication Files Available to Health Plans by Friday at 5:00 PM	Mon 10/15/07	Fri 10/26/07	Fri 11/16/07	Fri 11/30/07	Fri 12/14/07	Fri 12/28/07

FILE PROCESSING ACTIVITY	Jan 2008	Jan 2008	Feb 2008	Feb 2008	Mar 2008	Mar 2008
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS by 12:00 PM	Thurs 01/11/08	Thurs 01/17/08	Thurs 02/07/08	Thurs 02/21/08	Thurs 03/06/08	Thurs 03/20/08
Work Days for AHCCCS	6	6	6	6	6	6
Encounter Pended and Adjudication Files Available to Health Plans by Friday at 5:00 PM	Fri 01/11/08	Fri 01/25/08	Fri 02/15/08	Fri 02/29/08	Fri 03/14/08	Fri 03/28/08

Note:

1. **This schedule is subject to change.** If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 12:00 p.m., Noon
4. Contractors are encouraged to submit files immediately following their claims adjudication process. Contractors may be required to submit files for one or both encounter adjudication cycles.
5. Adjustments to the schedule may be necessary until AHCCCS and its contractors have sufficient experience with multiple adjudication cycles. The plan availability dates are only estimates. Adjustments to these dates may be necessary based on the number of files submitted and processed.